

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/07/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155793		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/15/2012	
NAME OF PROVIDER OR SUPPLIER HAMILTON TRACE OF FISHERS LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 11851 CUMBERLAND RD FISHERS, IN 46037			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F0000	<p>This visit was for the investigation complaint IN00105048.</p> <p>Complaint IN00105048 unsubstantiated due to lack of evidence.</p> <p>Survey dates: March 14 & 15, 2012</p> <p>Facility number: 012644 Provider number 155793 AIM number: 201046710A</p> <p>Survey team: Rita Mullen, RN, TC Michelle Carter, RN</p> <p>Census bed type: SNF/NF: 61 SNF: 26 Residential: 38 Total: 125</p> <p>Census payor type: Medicare: 30 Medicaid: 27 Other: 68 Total: 125</p> <p>Sample: 3</p> <p>Hamilton Trace of Fishers LLC was found to be in substantial compliance</p>		F0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaint IN00105048.</p> <p>Quality review completed 3/22/12 Cathy Emswiller RN</p>						